

BIOSIMILAR PRODUCTS POLICY

A biosimilar product is a biologic product that is approved based on its ability to demonstrate that it is highly similar to an FDA-approved biologic (reference) product. Biosimilar products have no clinically-meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowed.

The chart below provides a list of preferred biological product(s) that are covered by CGHC subject to prior authorization.

Medication	Reference product(s)	Preferred product(s)	Biosimilar product(s)	Administration method route of administration
Bevacizumab	Avastin J9035	Mvasi Q5107 Zirabev Q5118	Alymsys Q5126 Mvasi Q5107 Vegzelma (available in 2023) Zirabev Q5118	Provider administered Intravenous
Epoetin alfa	Epogen J0885 Procrit J0885	Procrit J0885 Retacrit Q5106	Retacrit Q5106	Provider administered Subcutaneous/Intravenous
Filgrastim	Neupogen J1442	Nivestym Q5110 Zarxio Q5101	Granix J1447 Nivestym Q5110 Releuko Q5125 Zarxio Q5101	1x Provider administered then self-administered thereafter Subcutaneous/Intravenous
Infliximab	Remicade J1745	Avsola Q5121 Inflectra Q5103	Avsola Q5121 Inflectra Q5103 Renflexis Q5104	Provider administered Intravenous
Pegfilgrastim	Neulasta J2506 Neulasta OnPro J2506	Neulasta J2506 Ziextenzo Q5120	Flynetra J3590 Fulphila Q5108 Nyvepria Q5122 Stimufend J3590 Udenyca Q5111 Ziextenzo Q5120	1x Provider administered then self-administered thereafter Subcutaneous
Ranibizumab	Lucentis J2778	To be determined	Byooviz J3590 Cimerli J3590	Provider administered Intravitreal
Rituximab	Rituxan J9312	Ruxience Q5119 Truxima Q5115	Riabni Q5123 Ruxience Q5119 Truxima Q5115	Provider administered Intravenous
Trastuzumab	Herceptin J9356	Kanjinti Q5117 Trazimera Q5116	Herzuma Q5113 Kanjinti Q5117 Ogivri Q5114 Ontruzant Q5112 Trazimera Q5116	Provider administered Intravenous